

	RI ETHICS COMMISSION MENT OF EXEMPTION OF	R REJECTION M.E.C. II	D NO	1. TYPE OF STATEMEN EXEMPTION complete 1 through 1: REJECTION complete 1 through 1:	3	EMENT DATE	OFFICE USE ONLY
B. CANDIDATE'S NAME (AS IT APPEARS ON BALLOT)			4. CANDIDATE'S ADDRESS		'	5. CANDIDATE'S PHONE NUMBER	
						Home:	
						Work:	
6. ELECTION DATE	7. TYPE OF ELECTION		8. OFFICE SOUGHT		9. NAME OF	POLITICAL SU	BDIVISION
	☐ PRIMARY	GENERAL					
	☐ SP	ECIAL					
0.DO YOU HAVE AN <i>EXISTING</i>			11. IF YES, NAME OF EXISTING COMMITTEE			12. POLITICAL PARTY	
COMMITTEE FROM A PRIOR			•				
ELECTION CAMPAIGN?							
- Receive - Make to - Accept f I further st - That I m - That I m	more than five hundred dollars in this election neither I, my car more than five hundred dollars in tal expenditures of more than five from any single contributor a total eate that I understand the state that I understand the statement of limited acting this Reporting Exemption States.	in total contributions; e hundred dollars; Il amount of contribution greater s and expenditures from the time tivity for each reporting period de	than two hundred fifty dolla I first receive those contribescribed in Sec. 130.046 RS	rs; outions or make those ex SMo; and		of my candida	acy:
CANDIDATE'S SIGNATU	RE			DATE			
4. STATEMENT OF EXE	EMPTION REJECTION			l			
I hereby re	n shall not be filed later than 30 or eject my previously filed Reporting ts which would have been require	g Exemption Statement and enclo		ation for the committee t	formed on my	behalf and ar	ny other statements
CANDIDATE'S SIGNATU	RE		DATE OF PREVI	OUS EXEMPTION		TODAY'S DAT	E

MO 300-1309 (7-99) FORM ER

STATEMENT OF EXEMPTION OR REJECTION

INSTRUCTIONS

PURPOSE: This form is used to report a candidate's exempt status, and to report a candidate's intention to reject his or her exempt status.

CONTENT OF FORM:

Item 1:	Indicate the type of statement for which this form is being used. Detailed information concerning both Exemptions and Exemption Rejections is contained in the Campaign Finance Instruction	Item 9:	Enter the name of the political subdivision or district (state representative district, county, etc.) in which you are seeking office.			
	Manual.	Item 10:	Indicate whether or not you have an existing committee (one which has not been terminated) from a previous election.			
Item 2:	Enter the date this statement is being filed.					
Item 3:	Enter the candidate's full name as it will appear on the ballot.	Item 11:	If you checked the box marked "yes" in Item 10, enter the full name of your existing committee.			
Item 4:	Enter the candidate's mailing address.	Item 12:	Complete this item only if you are filing an Exemption Statement.			
Item 5:	Enter the candidate's home and business phone numbers, including area code.	STATEMENT OF REPORTING EXEMPTION				
Item 6:	Enter the date of election for which this statement is being filed.	Item 13:	Complete this item only if you are filing an Exemption Statement.			
itom o.	Enter the date of election for which the election in the bonning med.	STATEMENT OF EXEMPTION REJECTION				
Item 7:	Indicate the type of election for which this statement is being filed.	017112111211110	OTHER DIE EXEMITION RESERVOIN			
	71	Item 14:	Complete this item only if you are filing an Exemption Rejection			
Item 8:	Enter the title of the office which you are seeking.		Statement. Include the date the Exemption Statement was made.			